

<b>Case Number:</b>	CM14-0124244		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/28/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year-old female who reported injury on 07/28/2009. The mechanism of injury was not provided. Prior surgical interventions included a right shoulder diagnostic arthroscopy, labral debridement, synovectomy, and subacromial decompression on 01/16/2014, and two knee surgeries. The prior therapies included physical therapy and aquatic therapy. The medications were not provided. The documentation of 06/04/2014 revealed the injured worker had trouble doing sports and performing housework. The injured worker had trouble with feeling, tasting, and smelling, as well as driving or riding in a vehicle. The injured worker indicated that she had increased low back pain radiating into the right more than left legs. The physical examination revealed the injured worker had severe occipital tenderness and lumbar and interscapular spasm and tenderness. The straight leg raise was positive bilaterally at 40 degrees with pain radiating to the ipsilateral posterior thigh and foot. The diagnoses included TMJ pain, and left trigeminal (V2) burning pain, paresthesia, dysesthesia and lumbar radiculopathy. The treatment plan included a trial of block injections for relief of increasing persistent severe headaches. There was a Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Epidural Steroid Injection, Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination, and the findings are corroborated by electrodiagnostic studies and/or MRI. There should be documentation of a failure of conservative therapy, including physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker was to have aquatic therapy and a trial of block injections for severe headaches. The injured worker had objective findings upon physical examination. There was a lack of documentation of an MRI or EMG/NCV and as the injured worker was noted to be starting aquatic therapy, there was a lack of documentation of a failure of conservative care. There was a lack of documented rationale for the injection. The request as submitted failed to indicate the level of the lumbar spine to be injected, as well as whether it was unilateral or bilateral. Given the above, the request for Epidural Steroid Injection, Lumbar is not medically necessary.